



2016-2017 Community Collaborative Safe at Home Semi-Annual Report

July 2016-December 2016 _____ Jan 2017- June 2017 _____

Name of Community Collaborative Team: _____ Date form Completed _____

Person(s) completing this form/E-mail: _____ Phone#/E-Mail address _____

Please list 3 to 5 Service Gaps that the collaborative is working on.

Service Gap Identified – Strategy Defined	Strategic steps implemented during this reporting period	Strategic steps planned for next reporting period	Challenges that may hinder completion of the plan	Expected Completion Date

Challenges/Barriers the Regional Children’s Summit will address:

Additional Comments: _____

List of Completed Strategies

Date Completed

End Result

List of Completed Strategies	Date Completed	End Result